



**City of Hickory
Youth Council**
Application Form for 2012-2013

Name: _____ Home Telephone: _____

School: _____ Grade: _____

Home Address: _____

Email: _____

Please check the box that applies to you:

☐ I have my own transportation to get to the monthly meetings

☐ I will need transportation to get to the monthly meetings

Please note that membership on the Youth Council demands strict attendance. Youth Council members cannot miss more than three formal meetings per year. There will be one formal meeting per month, which is tentatively scheduled for the 2nd Monday of the month alternating between 6:30 and 7 p.m. Members are also expected to complete service projects, attend city board and commission meetings, and other Youth Council events.

Youth Council members are also given the opportunity to serve on several boards and commissions and attend programs to learn about city government, tour city facilities, volunteer at city events, and complete service projects.

1. What personal skills and characteristics do you possess that would make you a good Council member?

2. Please list any activities you will be involved in during the school year. (Include employment, sports, community, school, and church groups.)

3. Please use a separate sheet of paper to describe what you want to accomplish for youth in the City of Hickory while serving on the Youth Council. Also indicate why you should be selected as a member.
4. Include the two recommendation forms contained within the application. The first must be completed by school employee who has knowledge of your academic achievements and extra-curricular activities. The second reference should be from an adult who has known you and has worked with you in school or in non-school activities. The references should speak to your leadership potential and ability to manage the demands of both school and the Council.

Please make sure that your recommendation forms are sent in sealed envelopes.

Student Signature:

I have read and understand the time commitment required for the City of Hickory's Youth Council. I also know the importance of academics and the necessity for me to maintain or improve my G.P.A. while serving on the Council. I am able to make such a commitment for the school year.

Student Signature

Date

Parent/Legal Guardian Permission:

I give my permission for _____ to seek the position of City of Hickory Youth Council member.

Parent/Guardian Signature

Date

Telephone number in case of emergency _____

Name of emergency contact and relationship to youth _____

***Students:** Please submit this application to Dave Leonetti, Youth Council Staff Liaison. All applications must be received by May 18, 2012.*

Applications can be submitted by mail to:

David Leonetti
Youth Council Staff Liaison
City of Hickory
PO Box 398
Hickory, NC 28603

***Note:** Applicants will be considered for all openings for which they are eligible. All applicants must live within the Hickory City Limits or extra-territorial zoning jurisdiction. Rising 9th through 12th graders are eligible to apply.*



Hickory City Youth Council

Hickory Youth Council Reference Form #1

Name of Student _____ Date ____/____/____

School _____ Grade _____

Student: Please sign and date the waiver below. Your reference must complete and return this form within one (1) week of receiving it. The reference may send the form directly to the Youth Council Staff Liaison if they choose. You are responsible for making sure it is submitted by the deadline.

All application materials must be mailed to:

David Leonetti
Youth Council Staff Liaison
City of Hickory
PO Box 398
Hickory, NC 28603

Waiver of Access:

I, the undersigned, waive the right of personal access to the reference.

Signature Date

Name of Reference

Title/Position

School/Firm/Organization

Phone Number

Email Address

Hickory Youth Council Reference Form #1 (cont'd)

	Superior	Above Average	Average	Below Average	Unable to Judge
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in Community Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-Curricular Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a brief letter that addresses the following questions:

Please do not refer to student by name (the City of Hickory will review applications anonymously)

1. For how long, and in what capacity, have you known the applicant?
2. What do you consider the applicant's primary interests, talents and strengths?
3. What are some of the applicant's weaknesses?
4. Describe the applicant's relationships with peers.
5. Describe the applicant's interest in community affairs.

Signature of Reference

Date



Hickory Youth Council Reference Form #2

Name of Student _____ Date ____/____/____

School _____ Grade _____

Student: Please sign and date the waiver below. Your reference must complete and return this form within one (1) week of receiving it. The reference may send the form directly to the Youth Council Staff Liaison if they choose. You are responsible for making sure it is submitted by the deadline.

All application materials must be mailed to:

David Leonetti
Youth Council Staff Liaison
City of Hickory
PO Box 398
Hickory, NC 28603

Waiver of Access:

I, the undersigned, waive the right of personal access to the reference.

Signature Date

Name of Reference

Title/Position

School/Firm/Organization

Phone Number

Email Address

Hickory Youth Council Reference Form #2 (cont'd)

	Superior	Above Average	Average	Below Average	Unable to Judge
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in Community Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-Curricular Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a brief letter that addresses the following questions:

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1. For how long, and in what capacity, have you known the applicant?
2. What do you consider the applicant's primary interests, talents and strengths?
3. What are some of the applicant's weaknesses?
4. Describe the applicant's relationships with peers.
5. Is the applicant interested in community affairs?

Signature of Reference

Date